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A Thesis By

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On

Acute Hepatitis

Hepatitis Acuta.

This disease has long since been divided into two forms: viz. acute and chronic, the former of which it is my intention to treat on. The acute form of this disease, from its rapid progress and speedy termination may be considered as one of the frequent outlets of the human family; but since the medical world under the guidance of philosophy and pathology has arrived at its present state of knowledge, the scientific practitioner always meets this disease with firmness.

Acute inflammation of the liver like most of the inflammatory diseases is ushered in with a cold stage, attended by paleness of countenance shrinking of the external parts and small quick pulse; after which reaction taking place the hot or febrile state will be induced;

attended by, increased heat, considerable pyrexia, a frequent, strong, and hard pulse, high coloured urine, with a pungent pain, in the right hypochondrium, sometimes extending to the shoulder: the disease advancing, there will be inability to lie with ease, except on the side affected, dry cough and frequently much gastric irritability; the intestines are generally inactive and the stools evince a deficiency of biliary secretion or at least of any intermixture of it with them; there is loss of appetite great thirst with a hot dry skin, and the tongue covered with a white, and sometimes with a yellowish fur; when the disease has continued for some time, the skin and eyes become tinged of a deep yellow colour. Almost all writers on the subject make a distinction between

the symptoms of inflammation of the convex and concave surface of the liver. It is stated, when great difficulty of breathing and cough accompany the pain in the region of the liver, that the inflammation is seated in the superior or convex part; but when inflammation occupies the concave or inferior part which lies contiguous to the stomach and duodenum there is more sickness and vomiting. These symptoms will be generally sufficient to know the disease, having gone through which I shall proceed to the causes of this disease. Many of the remote and exciting causes of acute Hepatitis are the same as those which lead to pneumonia and other visceral inflammations. Viz. a plethoric habit and the

application of cold to the surface of the body when heated or fatigued. It is said by Dr. Johnson that there are some of the predisposing causes more peculiarly connected with hepatic than with other visceral inflammations, of which may be mentioned the male sex, particularly those of irritable dispositions; but why the male sex are more liable to this disease than the female is not stated by the author above mentioned; but it appears to me that the difference of sex would have no other influence over attacks of this disease, than the more constant and frequent exposure of the male than the female to the exciting causes.

The remote causes of acute Hepatitis are frequently very obscure; but the following seem to be frequently evident.

External violence from contusions or falls and especially those which have occasioned fracture of the cranium, certain passions of the mind, violent summer heats, undue exercise, exposure to marsh miasma & lastly various solid concretions in the substance of the liver produced from unknown causes. Ardent spirits intemperately used has always been ranked foremost among the exciting causes of this disease; but says Dr Johnson, I am convinced that the acute species of Hepatitis or inflammation now under consideration is seldom induced in this way. It is also stated by Johnson as well as Thomas that in five cases out of six the exciting cause of Hepatitis will be found to be, partial application of cold or wet when the body is heated or-

or fatigued by violent exercise. in whose opinions I am very much disposed to con cur. Of the Pathology of this disease I cannot say much. Dr Cullen in speaking of the pathology of this disease makes the following observations, It seems probable says he that acute hepatitis is always an affection of the external membrane of the liver and that the chronic form is an affection of the parenchyma; but it seems to me that there could not exist any inflammation of the membrane of the liver without the parenchyma being more or less affected and vice versa.

Of the Diagnosis. The diseases with which Hepatitis is most likely to be confounded are, pneumonia, gastritis and a spasmodic affection of the

gall ducts. We should be able to distinguish it from pneumonia 1st by the pain extending to the shoulder in Hepatitis whereas in pneumonia it is more confined to the chest, by the sallowness of countenance, the cough being unattended by expectoration and by the less degree of dyspnoea. The heat and pain not being increased from taking any thing into the stomach, its being able to retain whatever liquids or medicines are received into it, without the immediate rejection of them and the less prostration of strength, will be sufficient to distinguish it from gastritis. Hepatitis may be distinguished from spasm of the gall ducts, 1st by the absence of nausea, 2nd by the pain being permanent 3 by the pulse being very

frequent and by the patient always preferring to keep the body in a straight position; whereas the patient will obtain the greatest ease, when there is spasm of the gall ducts, by bending the body forward.

Of the prognosis. The most favourable symptoms in Hepatitis, are, a gradual abatement of the febrile symptoms, an improvement in the complexion, the strength not much reduced, return of appetite &c. whereas, intensity of pain a full and frequent pulse, great heat, dry skin, costiveness, thirst, and frequent rigours, denote approaching or existing suppuration. Hepatitis like most visceral inflammations may terminate, in resolution, suppuration scirrhus or gangrene. Its most frequent

termination, at least in this climate, is by resolution, which is frequently attended by discharges or evacuations of different kinds, supposed by many writers to be critical, such as hemorrhages from the nose or hemorrhoidal vessels, sweating, diarrhoea, depositions of sediment in the urine and sometimes a serous effusion in the cavity of the abdomen shewing itself under the form of ascites. The most frequent of the unfavourable terminations of Hepatitis is in suppuration, the symptoms of a tendency to which, I have stated above; but when suppuration has already taken place, the fever becomes somewhat intermittent, frequent rigours & shiverings are felt, the sense of weight in the part increases, the pain is less

cute but if the throbbing rise the tongue is white with a flushing of countenance &c. The abscess may form on various parts of the liver if seated on the convex surface of the liver, there may be adhesions either to the peritoneum or to the diaphragm; if adhesions take place to the peritoneum the pus is generally discharged outwardly, if to the diaphragm it most frequently makes its way into the thorax producing almost certain death, although there have instances of recovery after this event, one of which is mentioned by Dr. Johnson in his work on the liver; if the abscess be seated on the concave surface of the liver, adhesions generally take place to the intestines, either the colon or duodenum and the pus passing in this way is discharged by stool or vomiting; sometimes also the matter

discharged into the intestines by the duct. Of the terminations of Hepatitis I shall not say any thing as the one is so rare as hardly to be met with and the other may as more properly referred to the head of chronic derangements of the liver.

Dissections of those who have died of this disease show the liver, frequently to be very much enlarged and hard to the touch; its colour also is very much altered and the membranes more or less affected by inflammation. Dissections also show adhesions of this organ to the adjacent parts, that tubercles as well as hydatids are sometimes found in it and that large abscesses containing a considerable quantity of matter are often found in its substance.

Biliary calculi are now and then found, and it is stated by authors that the liver is sometimes found in a putrid state, resembling very much in appearance a honeycomb, but it appears that tubercles are amongst the most frequent appearances on dissection, the various kinds of which enumerated by Parr Bailey and others, I shall not enter into a detail off--

Of the treatment, the treatment of acute Hepatitis should always be commenced by copious bleeding both topical and general, purging blistering low diet and only unobjectionable mean should be strictly enforced. In the begining of our treatment we should always early venesection far enough to relieve the

main or at least to enable the patient to bear pressure on the heart with some degree of ease. As it respects local bloodletting, cupping should be preferred to leeching, as by this means we can command a larger quantity of blood; after this general and local bloodletting, we should apply a large blister over the region of the liver: during the administration of these remedies we should also resort to purging. Concerning the choice of purgatives there has been some discrepancy of opinion some practitioners advising the saline and vegetable purgatives and others the mercurial, but a combination of both kinds, seems to me to be preferable. Dr. Johnson in

speaking of the choice of purgatives makes the following observation, "For however the modern scholastic physiologist or routine physician may laugh at the idea, of cholagogues hydragogues &c. he who personally examines the effects of purgative medicines on the fecal discharges, will entertain no doubt of the power which particular medicines possess of causing evacuations of particular fluids. He therefore (and I think very justly) prefers calomel to most other purgatives; for the liver in this disease being gorged with blood, unless we can remove this state of engorgement by venesection and suitable purgatives, it must terminate in suppuration. And it is

well known that none of neutral salts or indeed any common purgative have any or very little effect in causing either a discharge of blood from an engorged liver or to relieve the biliary ducts of their contents; whereas calomel independent of its purgative properties has such an effect to a very great degree; therefore I think the mercurial purgatives should always be preferred, although their action may be very much assisted by any of the neutral salts or senna. Then, after having given a dose of calomel we should follow it with a dose of either the epsom or glauber salt and senna, which should be repeated from time to time pro re nata. The stomach and

bowels are sometimes very irritable; to relieve which we should give calomel in two or three grain doses combined with a fourth of a grain of opium, if these means succeed in calming the irritability of the stomach and producing gentle diaphoresis, we may suppose every thing in a favourable condition; but if the surface of the body should remain constricted and dry notwithstanding these remedies, we should administer (if the stomach will bear it) a grain of pulvis Antimonialis with each dose of calomel; these remedies should be continued untill a brassy taste of the mouth is observed or a mercurial foetor of the breath or a

acute Hepatitis, viz. its termination in suppuration; the other terminations of this disease I shall say any thing of, as the one is not to be cured by any remedy and the other may be more properly referred to the chronic form of this disease.

When Hepatitis has not been treated by suitable remedies or has not been attend to in time, it almost always terminates in suppuration, which if we find unavoidable from our not having seen the patient in time, we should endeavour to promote, to effect which we should give Peruvian bark in drachm doses every two or three hours during the day, using at the same time a nutritive diet

with a moderate quantity of wine which course should be continued untill suppuration is completed; after this we should apply a large emolient poultice over the region of the liver; to produce a discharge of matter externally; which should be effected as soon as fluctuation and a pointing of the abscess can be discovered, by an open made externally down to the abscess: if this cannot be effected and it suddenly breaks internally all we can do is to support the system by tonics a generous diet &c.
Of the diet in this disease; it should be strictly antiphlogistic; allowing the patient sago tapioca rice &c.

spongy redness of the gums; after which the medicine should be discontinued or at least given very seldom so as to prevent ptyalism which I think is not necessary in the treatment of acute Hepatitis, although an alterative course in my opinion is almost always necessary; for admitting that inflammation of the liver may be subdued by antiphlogistic means, which certainly is the case, yet there always remains more or less functional derangement of this organ which nothing can so completely eradicate as an alterative course of mercury. There are some practitioners and particularly those of the tropical climates who advise the

use of mercury in the commencement of the disease in such a manner as to produce its specific effects on the system; but this practice will (I think) always prove pernicious, for admitting that such an effect would take place when the system is under considerable excitement from inflammation (which I think is very doubtfull) it would only be adding oil to fire, and increasing the already irritable state of the system; therefore I think mercury should never be used in this way, to cure acute Hepatitis.

Thus have I noticed most of the remedies employed in this disease and I have only now to notice the treatment of one of the terminations of